

Presenteeism among nurses: burnout and engagement as predictors

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1. Background

Sickness absence and presenteeism become a concern on workplaces (Suzuki et al., 2015). Presentism is the presence of employees at work even when they are sick (Paschoalin et al., 2013). Among nurses, presenteeism prejudices patients, since nurses can't perform job tasks with their entire capacities (Palha, 2014). As a multifactorial phenomenon, presenteeism associates with burnout (Ferreira & Martinez, 2012). However, engagement can be a protective factor, since it is opposed to burnout (Bakker et al., 2014).

2. Aims

To identify presenteeism, burnout and engagement levels among nurses, to analyze the correlation between these three variables searching burnout and engagement as predictors of presenteeism, and to verify their variations according socio-demographic and professional characteristics.

3. Method

We applied Portuguese versions of SPS-6 (Koopman et al., 2002, Ferreira et al., 2010), MBI (Maslach & Jackson, 1997; Marques-Pinto & Picado, 2011), UWES (Schaufeli & Bakker 2003; Marques-Pinto & Picado, 2011) and a sociodemographic questionnaire to 299 nurses, being 77% female, 67% from hospitals, 64% working by shifts, 67% with the definitive job contract. Mean age was 34.5 years and mean job experience was 11.2 years. The study is include in INTSO project, about occupation health among nurses in Portugal, Brasil and Spain.

Regarding instruments, they were applied anonymously to a voluntary sample, after formal institutions' authorizations. SPS-6 evaluates the presenteeism and labor productivity losses through two dimensions: completing work and avoiding distraction, the first focused on the physical causes of presenteeism and corresponding to the amount of work done despite presenteeism causes of; the second related with psychological aspects and corresponding to the amount of concentration mobilized to produce when there is an effect of presentism. Each dimension includes 3 items evaluated in a 5-point scale (between 1 - strongly disagree to 5 - completely agree). Greater value in the total score of presenteeism and completing work dimension and lowest in avoiding distraction means better psychological state and lower impact of presenteeism in its classic version. Thus, the professional is present at his job and despite his disease can work effectively. MBI and UWES are the classical questionnaires to evaluate burnout (in its 3 dimensions of emotional exhaustion, depersonalization and professional achievement) and engagement (in its 3 dimensions: of vigor, dedication and absorption).

4. Results

Among the sample, job was considered stressful by 78%. However, we found moderated presenteeism, moderated emotional exhaustion, low depersonalization, high personal accomplishment and high engagement in all dimensions (Table 1). Significant correlations were found between most of the analyzed variables (Table 1). Differences of presenteeism, burnout and engagement were found, according sex, shifts, job stress perception and job place (Table 2). Presenteeism was predicted by 21% of burnout, and 6% of job characteristics, while individual characteristics and engagement are not significant predictors (Table 3).

Table 1. Mean, Standard deviation and inter-correlations between age, job experience, MBI, UWES and SPS-6 dimensions

MBI, UWES and SPSS6 dimensions	M	SD	1	2	3	4	5	6	7	8	9	10
1. Age	34.5	8.57										
2. Job experience	11.2	8.28	.963**									
3. Emotional exhaustion (0-6)	2.75	1.22	-.111	-.124*								
4. Depersonalization	1.06	1.08	-.140*	-.177**	.407**							
5. Personal accomplishment	4.50	0.86	.052	.073	-.262**	-.221**						
6. Vigor (0-6)	4.36	1.28	.116	.103	-.454**	-.187**	.508**					
7. Dedication	4.41	1.35	.104	.082	-.453**	-.216**	.512**	.820**				
8. Absorption	4.11	1.33	.091	.067	-.287**	-.114*	.328**	.705**	.716**			
9. Completing Work (1-5)	3.89	0.74	.048	.092	-.231**	-.227**	.305**	.274**	.292**	.123**		
10. Avoiding Distraction	2.92	1.04	-.143*	-.162**	.451**	.149*	-.166**	-.363**	-.366**	-.253**	-.359**	
11. Presenteeism	3.48	0.74	.124*	.161**	-.431**	-.220**	.272**	.391**	.402**	.238**	.755**	-.883**

\*p<.050 \*\*p<.010

Table 2. Comparative analysis between sex, job stress perception and job place

Dimensions	Sex		t (p)	Shift		t (p)	Job stress perception		t (p)	Job place			F (p)
	F n=230	M n=69		Fixed N=101	Rotating n=190		No n=41	Yes n=232		Hospital n=200	Primary Health Care n=72	Other n=27	
MBI				2.41	2.91	-3.353 (.001)	1.8	2.87	-5.287 (.000)				
	.98	1.13	-2.349 (.019)	.71	1.23	-4.021 (.000)				1.14	.79	1.20	3.089 (.047)
							4.94	4.42	3.641 (.000)				
UWES				4.57	4.24	2.108 (.036)	4.93	4.28	3.056 (.002)	4.27	4.70	4.11	3.587 (.029)
				4.67	4.27	2.397 (.017)	5.08	4.31	3.401 (.001)	4.31	4.78	4.20	3.582 (.029)
				4.37	3.97	2.459 (.015)	4.73	4.03	3.131 (.002)	3.95	4.62	3.96	7.085 (.001)
SPS-6	3.94	3.74	2.003 (.046)										
							2.47	2.99	-2.869 (.004)	2.88	2.84	3.46	4.076 (.018)
							3.80	3.43	2.938 (.004)				

5. Conclusions

These results support the need to implement continuous improvement programs promoting workers' safety and well-being. Occupational health services have an important role to disseminate prevention programs. The INT-SO project alerts for this phenomenon among nurses on Portugal, Spain and Brazil.

References

- Bakker, A.B., & Demerouti, E., & Sanz-Vergel, A.I (2014). Burnout and work engagement: The JD-R approach. Annual Review of Organizational Psychology and Organizational Behavior, 1, 389-411.  
- Ferreira, A.I., Martinez, L.F., Sousa, L. M., & Cunha, J.V. (2010). Tradução e Validação para a Língua Portuguesa das Escalas de Presentismo WLQ-8 E SPS-6. *Avaliação Psicológica*, 9 (2), 253-266.  
- Koopman, C., Pelletier, K.R., Murray, J.F., Sharda, C. E., Berger, M.L., Turpin, R.S., Hackleman, P., Gibson, P., Holmes, D. M. & Brendel, T. (2002). Stanford Presenteeism Scale: Health Status and Employee Productivity. *Journal of Occupational and Environmental Medicine*, 44(1), 14-20.  
- Marques Pinto, A. & Picado, L. (2011). *Adaptação e Bem-Estar nas Escolas Portuguesas: Dos Alunos aos Professores*. Lisboa: Coisas de Ler.  
- Maslach, C. & Jackson, S.E. (1997). *MBI, inventário Burnout de Maslach, síndrome del "quemado" por estrés laboral asistencial; manual*. Madrid: TEA, Publicaciones de Psicología Aplicada.  
- Palha, C. D. (2014). O presentismo em Enfermagem. Dissertação de Mestrado. Porto: Escola Superior de Enfermagem do Porto.  
- Paschoalin, H.C., Griep, R.H., Lisboa, M.T.L. & Mello, D.C.B. (2013). Adaptação transcultural e validação para o português brasileiro do Stanford Presenteeism Scale para avaliação do presenteísmo. *Rev. Latino-Am. Enfermagem*, 21 (1), 1-8.  
- Schaufeli, W. & Bakker, A. (2003). *UWES: Utrecht, work engagement scale preliminary manual*. Utrecht: Occupational Health Psychology Unit, Utrecht University.  
- Suzuki et al. (2015). Relationship between sickness presenteeism (WHO-HPQ) with depression and sickness absence due to mental disease in a cohort of Japanese workers. *J Affect Disord*. 180, 14-20.